

SERVICE DELIVERY REPORT (SDR)
Local Government Limited Gaming Impact Fund
COUNTY SOCIAL SERVICES

Instructions for completing a Service Delivery Report may be found on the Department of Local Affairs website at:
www.dola.state.co.us/LGS/FA/gaming.htm

Reporting Entity (County, Municipality or Special District) Name and Address:

County of _____

Contact Person _____ Telephone # _____

1. Reporting Period: Year _____

a. Month _____ OR

b. Calendar Year Quarters: First _____ Second _____ Third _____ Fourth _____

2. Service Delivery Indicators:

a. Total Personnel/fringe benefits administrative costs for reporting period \$ _____

b. Total operating administrative costs for reporting period \$ _____

(Do not include personnel, capital outlay or debt service costs on outstanding debt)

c. Administrative personnel and operating costs for reporting period (a. plus b.) \$ _____

d. Percent of budget utilized for personnel expenses (a. divided by c.) _____ %

e. Percent of budget utilized for operating expenses (b. divided by c.) _____ %

f. Total amount of benefits paid out during reporting period \$ _____

g. Revenue amount received other than local taxes to offset personnel and operating administration costs during reporting period \$ _____

h. Revenue amount received other than local taxes to offset benefit costs during reporting period \$ _____

i. Net administrative cost (c. minus g.) \$ _____

j. Net benefit cost (f. minus h.) \$ _____

k. Net total personnel and operating costs (i. plus j.) \$ _____

l. Total number of cases during reporting period _____

m. Unit cost to jurisdiction per case (k. divided by l.) \$ _____

n. Number of cases that are gaming related * _____

o. Cost of gaming (n. times m.) \$ _____

p. Personnel cost of gaming (o. times d.) (Enter this amount and the sum of other Social Services SDRs (Line p.) completed since January 1 on line B. 1. of the Cost Recovery Form) \$ _____

q. Operating cost of gaming (o. times e.) (Enter this amount and the sum of other Social Services SDRs (Line q.) completed since January 1 on line B. 2. of the Cost Recovery Form) \$ _____

*These involve cases where a client or client's family received assistance or is currently receiving assistance and is employed by a casino or a casino-support business. Also, clients and their families receiving assistance who are currently unemployed due to casino lay-offs. In addition, persons receiving assistance who traveled from areas outside the county to seek gaming employment opportunities. These examples are provided to demonstrate the relationships that must exist to justify impact cost. Other examples may exist.